

STANDARD APPLICANT PROFILE: SECTION 1

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| 1 | Reference number | |
| 1.1 | System Reference Number (if known) | |
| 1.2 | Your Reference (if known) | |

Please complete all the questions in the form.

If you have nothing to record, please state "Not applicable" or "None"

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|-----------|--|-----|--|----|------------------|
| 2a | Agent | | | | |
| 2.1 | Are you an agent acting on behalf of the applicant | Yes | | No | If no, go to 3.1 |
| 2b | Further information about the Agent | | | | |
| 2.2 | Name | | | | |
| 2.3 | Address | | | | |
| 2.4 | Email | | | | |
| 2.5 | Main telephone number | | | | |
| 2.6 | Other telephone number | | | | |

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| 3 | Applicant details | | | | |
| 3.1 | Name | | | | |
| 3.2 | Address | | | | |
| 3.3 | Email | | | | |
| 3.4 | Main telephone number | | | | |
| 3.5 | Other telephone number | | | | |
| 3.6 | Are you applying as a business or organisation, including a sole trader | Yes | | No | |
| 3.7 | Are you applying as an individual | Yes | | No | |

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| 4a | Applicant Business | | | | |
| 4.1 | Is your company registered with companies house | Yes | | No | If no, go to 4.3 |
| 4.2 | Registration Number | | | | |
| 4.3 | Is your business registered outside the UK | | | | |
| 4.4 | VAT Number | | | | |
| 4.5 | Legal status of the business | | | | |
| 4.6 | Your position in the business | | | | |
| 4.7 | The country where your head office is located. | | | | |
| 4b | Business Address – This should be your official address – The address required of you by law to receive all communication | | | | |
| 4.8 | Building name or number | | | | |
| 4.9 | Street | | | | |
| 4.10 | District | | | | |
| 4.11 | City or Town | | | | |
| 4.12 | County or administrative area | | | | |
| 4.13 | Post Code | | | | |
| 4.14 | Country | | | | |

APPLICATION FOR A LICENCE TO PROVIDE OR ARRANGE FOR THE PROVISION OF BOARDING FOR CATS OR DOGS

Please complete all the questions in the form.
If you have nothing to record, please state "Not applicable" or "None"

| | | | | | | | | |
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| 1a | Type of Application | | | | | | | |
| 1.1 | Commercial Boarding | | Home Boarding | | Day Care | | | |
| 1.2 | Type of Application | | | New | | Renewal | | |
| 1.3 | Existing licence number (if applicable) | | | | | | | |
| 1b | Animals to be accommodated | | | | | | | |
| 1.4 | Cats | | | Yes/No | Maximum number | | | |
| 1.5 | Dogs | | | Yes/No | Maximum number | | | |
| 1c | Further information about the applicant | | | | | | | |
| 2.6 | Date of birth | | | | | | | |

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| 2 | Premises to be licensed | |
| 2.1 | Name of premises/trading name | |
| 2.2 | Address of premises | |
| 2.3 | Telephone number of premises | |
| 2.4 | Email address | |
| 2.5 | Do you have planning permission for this business use. | Yes/No |

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| 3 | Accommodation and facilities | |
| 3.1 | Details of the quarters used to accommodate animals, including number, size and type of construction | |
| 3.2 | Exercise facilities and arrangements | |
| 3.3 | Heating arrangements: | |
| 3.4 | Method of ventilation of premises | |
| 3.5 | Lighting arrangements (natural & artificial) | |
| 3.6 | Water supply | |
| 3.7 | Facilities for food storage & preparation | |
| 3.8 | Arrangements for disposal of excreta, bedding and other waste material | |
| 3.9 | Isolation facilities for the control of infectious diseases | |
| 3.10 | Fire precautions/equipment and arrangements in the case of fire | |
| 3.11 | Do you keep and maintain a register of animals? | Yes/No |
| 3.12 | How do you propose to minimise disturbance from noise? | |

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| 4 | Veterinary surgeon | |
| 4.1 | Name of usual veterinary surgeon | |
| 4.2 | Company name | |

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| 4 | Veterinary surgeon | |
| 4.3 | Address | |
| 4.4 | Telephone number | |
| 4.5 | Email address | |

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| 5a | Emergency key holder | | |
| 5.1 | Do you have an emergency key holder? | Yes/No | If no, go to 6.1 |
| 5.2 | Name | | |
| 5.3 | Position/job title | | |
| 5.4 | Address | | |
| 5.5 | Daytime telephone number | | |
| 5.6 | Evening/other telephone number | | |
| 5.7 | Email address | | |
| 5.8 | Add another person? | Yes/No | If no, go to 6.1 |
| 5b | Emergency key holder 2 | | |
| 5.9 | Name | | |
| 5.10 | Position/job title | | |
| 5.11 | Address | | |
| 5.12 | Daytime telephone number | | |
| 5.13 | Evening/other telephone number | | |
| 5.14 | Email address | | |

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| 6 | Public liability insurance | | |
| 6.1 | Do you have public liability insurance? | Yes/No | If no, go to 6.7 |
| 6.2 | Please provide details of the policy | | |
| 6.3 | Insurance company | | |
| 6.4 | Policy number | | |
| 6.5 | Period of cover | | |
| 6.6 | Amount of cover (£) | | |
| 6.7 | Please state what steps you are taking to obtain such insurance | | |

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| 7 | Disqualifications and convictions | | |
| | Has the applicant, or any person who will have control or management of the establishment, ever been disqualified from: | | |
| 7.1 | Keeping a pet shop? | Yes/No | |
| 7.2 | Keeping a dog? | Yes/No | |
| 7.3 | Keeping an animal boarding establishment? | Yes/No | |
| 7.4 | Keeping a riding establishment? | Yes/No | |
| 7.5 | Having custody of animals? | Yes/No | |
| 7.6 | Has the applicant, or any person who will have control or management of the establishment, been convicted of any offences under the Animal Welfare Act 2006? | Yes/No | |
| 7.7 | Has the applicant, or any person who will have control or management of the establishment, ever had a licence refused, revoked or cancelled? | Yes/No | |
| 7.8 | If yes to any of these questions, please provide details, | | |

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| 8 | Additional details | |
| | Please check local guidance notes and conditions for any additional information which may be required | |
| 8.1 | Additional information which is required or may be relevant to the application | |

ANIMAL WELFARE (LICENSING OF ACTIVITIES INVOLVING ANIMALS) (ENGLAND) REGULATIONS 2018

ANIMAL ACTIVITY LICENCE APPLICATION FORM

STANDARD DECLARATION SECTION

| | | |
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| 1 | Model Licence Conditions & Guidance | |
| | All applicants to tick that they have read the applicable model licence conditions & guidance | |
| 1.1 | Pet Vending | |
| 1.2 | Animal Boarding | |
| 1.3 | Performing Animals | |
| 1.4 | Riding Establishments | |
| 1.5 | The Breeding and Sale of Dogs | |

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| 2 | Additional Information | |
| | Please attach the following Information | |
| 2.1 | A plan of the premises | |
| 2.2 | Insurance policy | |
| 2.3 | Operating procedures | |
| 2.4 | Risk Assessments (including Fire) | |
| 2.5 | Infection control procedure | |
| 2.6 | Qualifications | |
| 2.7 | Training records | |

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| 3 | Declaration | |
| 3.1 | This section must be completed by the applicant. If you are an agent please ensure this section is completed by the applicant. | |
| 3.2 | I am aware of the provisions of the relevant Act and model licence conditions. The details contained in the application form and any attached documentation are correct to the best of my knowledge and belief. | |
| 3.3 | Signing this box indicates you have read and understood the above declaration | |
| 3.4 | Full Name | |
| 3.5 | Capacity | |
| 3.6 | Date | |

Please turn over and complete the Ashfield District Council “declaration” form.



General Data Protection Regulation 2016 (GDPR) / Data Protection Act 2018 (DPA) - Privacy Notice.

Under the GDPR and DPA, Ashfield District Council, Urban Road, Kirkby in Ashfield, Nottingham. NG17 8DA is a Data Controller for the information it holds about you. The Council will hold the information above provided by you for assessing your application. The lawful basis under which the Council uses personal data for this purpose is Public Task.

The information provided by you includes the following special categories of personal data:

- **Physical or Mental Health**
- **Genetic / Biometric data**
- **Criminal History (including motoring offences)**

Information in these categories is used by the Council on the basis that such use is necessary for reasons of substantial public interest, and in accordance with the provisions of the Data Protection Act 2018.

Your data will be held for a period of 6 years. Subject to some legal exceptions, you have the right to request a copy of the personal information the Council holds about you; to have any inaccuracies corrected; to have your personal data erased; to place a restriction on our processing of your data; to object to processing; and to request your data to be ported (data portability). The information provided by you may also be used for other functions carried out by the Council in accordance with GDPR and DPA. For more information about how the Council may use your data and to learn more about your rights please see the Council's Privacy Statement: www.ashfield.gov.uk/privacy

If you have any concerns or questions about how your personal data is processed, please contact the Council's Data Protection Officer at the address at the bottom of this form or by email to dpo@ashfield.gov.uk. If you are dissatisfied with the Council's response you can complain to the Information Commissioner's Office in writing to: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF or by telephone 0303 123 1113 (local rate) or 01625 545 745.

Declaration

I, the undersigned, hereby declare that the information contained in this application is true and accurate to the best of my knowledge.

I understand that if I knowingly or recklessly make a false statement or omit any material particularly in giving information as part of this application I shall be committing an offence and will be liable for prosecution.

I confirm I have read the General Data Protection Regulation 2016 (GDPR) / Data Protection Act 2018 (DPA) - Privacy Notice above.

Signature of Applicant: _____ **Date:** _____

Please return your completed application form, and accompanying documents to:

Licensing Team, Ashfield District Council, Urban Road, Kirkby in Ashfield,
Nottinghamshire, NG17 8DA.

A member of the Licensing Team will contact you for your payment of the application fee by debit / credit card.